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CLINICAL STUDY

Obstetricians' Perception of Medico-legal Problems in Al Madinah Al Munawarah Kingdom of Saudi Arabia

Fawzia A. Habib M.D

Department of Obstetrics and Gynecology, College of Medicine, Taibah University, Al Madinah Al Munawarah, Kingdom of Saudi Arabia

Abstract

Objectives

Obstetrics is a specialty that is widely perceived to be associated with a high risk of litigation. Most of the potential problems in obstetrics usually result from the lack of competence, which may harm pregnant women and their fetus. Obstetrics litigation leads the way in being the most litigation prone medical specialty in Saudi Arabia. In an attempt to improve the defining standards of quality, this study illustrates the medico-legal obstetrics claims in Al Madinah Al Munawarah region –Kingdom of Saudi Arabia, the consequences and the psychological morbidity among obstetricians.

Methods

A cross-sectional survey was conducted in Al Madina Al Munawara involving 90 obstetricians regarding their views about obstetrics litigation, using a piloted and well structured questionnaire.

Results

The response rate was 88.8%. The majority of the surveyed obstetricians were female 62.5%. 38% were below 40 and 39.4% had 21-30 year of experience. Most of the participants agreed that birth asphyxia was the commonest cause of obstetrics litigation 62% and about 53% of were exposed to legal medical organization, while 54% were exposed to Supreme Court, resulting in either financial compensation (59%) or claim dismissal (40%). Most of the participating obstetricians suffered from depression (83%) and 90% of the female participants developed family problems and about 15% of the participants thought of changing their career.

Conclusion

Attention to safety issues and effective risk management system should help to reduce medico-legal claims in obstetrics.

Key Words: Obstetrics, Litigation, Female, Male

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Correspondence to:
Dr Fawzia A. Habib
Associate Professor, Department of Obstetrics and Gynecology
College of Medicine, Taibah University
✉ 30001, Al Madinah Al Munawarah
Kingdom of Saudi Arabia
☎ +966 4 8460008
🖷 +966 4 8461407
dr_fawzia_h@hotmail.com

Introduction

Obstetrics is a specialty that is widely perceived to be associated with a high risk of litigation[1]. Critical evaluation of the literature on obstetrics' ethics involves pitfalls to be avoided. These pitfalls occur when the inherent limitations in several disciplines that contribute to the normative obstetric ethics are ignored. Beneficence and autonomy require an obstetrician to provide the patient with the most accurate and reliable information[2]. To meet this ethical obligation, the obstetrician must distinguish general from specialized competence to perform and interpret any obstetric examination or investigation. An appropriate general level of competence imposes a rigorous and thorough standard of training and continuing education. Most of the potential problems in obstetrics usually result from the lack of competence which may result in unnecessary harm to the pregnant woman or her fetus in violation of the principles of beneficence. Second, incomplete or inaccurate reporting of results to the pregnant woman undermines the informed consent in violation of the principle of autonomy. Based on the scientific knowledge, shared clinical experience and a careful, unbiased evaluation of the patient, the obstetrician is able to identify the clinical strategies that will most likely serve the health related interests of the patient from those that won't[3].

Obstetrical litigation is a growing problem in Saudi Arabia nowadays, especially in the small cities where there is a lack of resources and scarcity in facilities, which play a vital role. In the analysis done by AL-Saddique AA in 2004[4], a total of 2223 cases of medical litigation from various parts of the Kingdom for a period of 4 years were studied. Obstetrics lead the way in being the most litigation prone medical specialty[4]. Another study done by Samarkandi A in 2006 5 to evaluate the magnitude and underlying factors of the status of medical liability claims in Saudi Arabia, revealed that obstetrical practice took the lead with 27%. The holy capital, Makkah Almukaramah, had the highest number of the litigation during the year 2002-2003[5].

For the reasons above, obstetrics is a major concern for maternity service providers. Unfortunately most of the litigation affected junior personnel mainly residents and this causes fear from their specialty and refusal of many junior graduates to take obstetrics as their specialty; in addition the threat of litigation is one of the major reasons for qualified obstetricians to leave the field of obstetrics.

The litigation process can cause pain, suffering and distress to the obstetrician and his/her family, as well as to the patient and her family, especially if it involves fetal death, maternal death, or a baby with cerebral palsy. In this increasingly difficult environment, it's more important than ever to investigate the burden and causes of litigation among obstetricians working in Al Madinah Al Munawarah.

Materials and Methods

A cross-sectional survey was conducted during the period from April to July 2010. The study sample included ninety obstetricians working in the government and private hospitals in Al Madinah Al Munawarah region; the second holiest city in the Kingdom of Saudi Arabia and the Muslim world; with a response rate of 88.8% (n=71).

The survey was approved by the Medical Research Ethical Committee. A questionnaire was constructed and answered by the obstetricians themselves. The reliability of the questionnaire was assessed. It was pre-tested on a random sample of twenty participants of both genders to ensure practicability, validity and interpretation of responses. The first part of the questionnaire gathered information regarding the socio-demographic background and professional experience, whereas the second part encompassed questions regarding exposure to legal medical organization and Supreme Court. The third part of the questionnaire was developed to collect information regarding

obstetricians' realization of litigation risk and psychological effects of their work.

Statistical evaluation of all data was done using SPSS (Statistical Package for Social Sciences version 13). Quantitative data were presented as mean ± SD. For the comparison of the male and female groups' means, independent samples student t-test and chi-square test were used. All test were two tailed and considered significant when $p<0.05$.

Results

The study sample comprised of ninety obstetricians working in clinical practice in Al Madinah region, Kingdom of Saudi Arabia, in the period of April –July 2010.

Table 1 outlines that the majority of the surveyed obstetricians were females (62.5%). Nearly two fifths (38.0%) were below 40; where 77.8% of them were females. More than two fifths of males (44.5%) were in the age group between 51-60. All male participants were married (100.0%) compared to 61.4% among the females; and this difference was statistically significant (p=0.019).

Two fifths of the participating obstetricians (39%) had 21-30 years of experience; with significant difference between males and females (p=0.034). Only one third (33%) of them were Saudi graduates and (95%) were females; with a statistical significant difference (p=0.001) between males and females. Regarding the non Saudi physicians, the mean duration of working in Saudi Arabia was 12.17±8.46 years with a statistical significant difference (p=0.000) between males and females. More than two fifths (43%) of the participating obstetricians were consultants, where females constituted more than half (54%) with a significant difference (p=0.003) between males and females.

All the participating obstetricians had insurance coverage which is mandatory before having a license from the Saudi Commission for Health Specialties. There was a considerable variation between both genders regarding the exposure to medical legal organization and Supreme Court **(Table 2)**. More than half (53.1%) of participating obstetricians exposed to legal medical organization were females, while 54.5% of the participating obstetricians exposed to Supreme Court were males; with an insignificant gender difference. The mean number of exposure to Supreme Court was 1.59±0.85, with a statistical gender difference (p=0.000). The end result of the examination; which lasts 2-3 years in 40.9% or more than 3 years in 40.9%; was either financial compensations (59.1%), or claim dismissal (40.9%); with an insignificant statistical gender difference in both cases.

Table 1: Demographic data of the surveyed physicians

Features		Males		Females		Total		*P*-value
		N=27	%	N=44	%	N=71	%	
Age (Yrs)	<40	6	22.2 (22.2)	21	47.7 (77.8)	27	38.0 (100.0)	0.065
	41-50	9	33.3 (37.5)	15	34.1 (62.5)	24	33.8 (100.0)	
	51-60	12	44.5 (60.0)	8	18.2 (40.0)	20	28.2 (100.0)	
Marital status	Married	36	100.0 (57.1)	27	61.4 (42.9)	63	88.7 (100.0)	0.019*
	Single	0	0.0 (0.0)	8	38.6 (100.0)	8	11.3 (100.0)	
Experience	5-10	3	11.1 (17.7)	14	31.8 (82.3)	17	24.0 (100.0)	0.034*
	11-20	6	22.2 (27.3)	16	36.4 (72.3)	22	31.0 (100.0)	
	21-30	16	59.3 (57.1)	12	27.3 (42.9)	28	39.4 (100.0)	
	31-40	2	7.4 (50.0)	2	4.5 (50)	4	5.6 (100.0)	
Country of Graduation	KSA	1	3.7 (4.2)	23	52.3 (95.8)	24	33.8 (100.0)	0.001*
	Abroad	26	96.3 (55.3)	21	47.7 (44.7)	47	66.2 (100.0)	
Yrs in KSA	(Mean±SD)	11.33±7.51		12.68±9.04		12.17±8.46		0.000*
Clinical Practice	Resident	3	11.1 (12.5)	21	47.7 (87.5)	24	33.8 (100.0)	0.003*
	Specialist	10	37.0 (62.5)	6	13.6 (37.5)	16	22.5 (100.0)	
	Consultant	14	51.9 (45.2)	17	38.7 (54.8)	31	43.7 (100.0)	

* *P* value significant below 0.05

Table 2: Physicians' exposure to legal problems

	Males		Females		Total		*P*-value
	N=27	%	N=44	%	N=71	%	
Exposure to legal medical organization	15	55.6(46.9)	17	38.6(53.1)	32	45.1(100.0)	0.164
Exposure to supreme court	12	44.4(54.5)	10	22.7(45.5)	22	31.0(100.0)	0.060
Number of exposure (Mean±SD)	1.42±0.79		1.80±0.92		1.59±0.85		0.000*
Duration :one year 2-3 years >3 years	3 2 7	25.0(75.0) 16.7(22.2) 58.3(77.8)	1 7 2	10.0(25.0) 70.0(77.8) 20.0(22.2)	4 9 9	18.2(100.0) 40.9(100.0) 40.9(100.0)	0.040*
Outcome: payment Others◆	8 4	66.7(61.5) 33.3(44.4)	5 5	50.0(38.5) 50.0(55.6)	13 9	59.1(100.0) 40.9(100.0)	0.225 0.429
- Physicians' opinion about possible causes of obstetric litigation:◆◆ PPH Birth asphyxia Birth injuries Other causes◆◆◆	6 15 7 9	22.2(37.5) 55.6(34.1) 25.9(58.3) 33.3(52.9)	10 29 5 8	22.7(62.5) 65.9(65.9) 11.4(41.7) 18.2(47.1)	16 44 12 17	22.5(100.0) 62.0(100.0) 16.9(100.0) 23.9(100.0)	0.711

* *P* value significant below 0.05

◆Others include: - Postponing, no obvious responsibility, innocence, concession etc.
◆◆Physicians choose more than one cause
◆◆◆Other causes include: CTG misinterpretation, CS, Instrumental delivery, Antepartum hage.

The most common cause of medico-legal claims as stated by 62% of the participating obstetricians was birth asphyxia. **Table 3** illustrates that 83% of depressed obstetricians and 90% of those with family problems were females; with a significant gender difference (p=0.031 and 0.032 respectively). Meanwhile the most prevalent psychiatric complaint was anxiety (65%) with an insignificant gender difference.

Table 3: Frequency of morbid conditions among surveyed physicians

	Males		Females		Total		P-value
	N=27	%	N=44	%	N=71	%	
Depression	3	11.1(16.7)	15	34.1(83.3)	18	25.4(100.0)	0.031*
Anxiety	9	33.3(31.0)	20	45.5(69.0)	29	65.9(100.0)	0.313
Insomnia	3	11.1(21.4)	11	25.0(78.6)	14	19.7(100.0)	0.153
Family problems	1	3.7(9.1)	10	22.7(90.9)	11	15.5(100.0)	0.032*
Somatic problems	4	14.8(36.4)	7	15.9(63.6)	11	15.5(100.0)	0.902

* P value significant below 0.05

Regarding the difference between Saudi and non Saudi graduated obstetricians **(Table 4),** 40% of non Saudi physicians had between 21-30 years of professional experience, 36% were consultant compared to 58% of Saudis, and 40% were exposed to legal medical organization compared to 54% of Saudis. There was a significant difference between the mean number of exposure (p=0.000) among Saudi and non Saudi graduated obstetricians; 2.17±0.98 and 1.38 ±0.72 respectively.

Table 4: Comparison between Saudi and non-Saudi physicians

	Saudi		Non-Saudi		Total		*P*-value
	N=24	%	N=47	%	N=71	%	
- Professional Experience in years:							
5-10	8	33.3(47.1)	9	19.1(52.9)	17	23.9(100.0)	
11-20	7	29.2(31.8)	15	31.9(68.2)	22	31.0(100.0)	
21-30	9	37.5(32.1)	19	40.4(67.9)	28	39.4(100.0)	0.327
31-40	0	0.0(0.0)	4	8.5(100.0)	4	8.5(100.0)	
- Type of clinical practice:							
Resident	8	33.3(33.3)	16	34.0(66.7)	24	33.8(100.0)	
Specialist	2	8.3(12.5)	14	29.8(87.5)	16	22.5(100.0)	0.081
Consultant	14	58.3(45.2)	17	36.2(54.8)	31	43.7(100.0)	
- Exposure to legal medical organization	13	54.2(40.6)	19	40.4(59.4)	32	45.1(100.0)	0.271
- Exposure to supreme court	6	25.0(27.3)	16	34.0(72.7)	22	31.0(100.0)	0.436
Mean number of exposure ±SD	2.17±0.98		1.38±0.72		1.59±0.85		0.000*
Duration: one year	1	16.7(25.0)	3	18.8(75.0)	4	18.2(100.0)	0.282
2-3 years	4	66.7(44.4)	5	31.3(55.6)	9	40.9(100.0)	
>3 years	1	16.7(11.1)	8	50.0(88.9)	9	40.9(100.0)	
Outcome: money pay	4	66.7(28.6)	10	62.5(71.4)	14	63.6(100.0)	0.856
Other	3	50.0(37.5)	5	31.3(62.5)	8	36.4(100.0)	0.132
- Morbid conditions:							
Depression	10	41.7(55.6)	8	17.0(44.4)	18	25.4(100.0)	0.024*
Anxiety	15	62.5(51.7)	14	29.8(48.3)	29	40.8(100.0)	0.008*
Insomnia	6	25.0(42.9)	8	17.0(57.1)	14	19.7(100.0)	0.424
Family problems	7	29.2(63.6)	4	8.5(36.4)	11	15.5(100.0)	0.023*
Somatic problems	5	20.8(45.5)	6	12.8(54.5)	11	15.5(100.0)	0.374

* *P* value significant below 0.05

Concerning the psychiatric complaints, there was a significant difference between both groups regarding depression, anxiety and family problems (p=0.024, 0.008 and 0.023 respectively) and all these complaints were more prevalent among the Saudi participating obstetricians (55%, 51% and 63% respectively).

As stated by 74% of the surveyed obstetricians, inadequate communication is a factor in most complaints, while 71% stated that patients were not likely to sue if informed of any unintended malpractices. Only 15% of the surveyed obstetricians thought about changing their career **(Figure 1).**

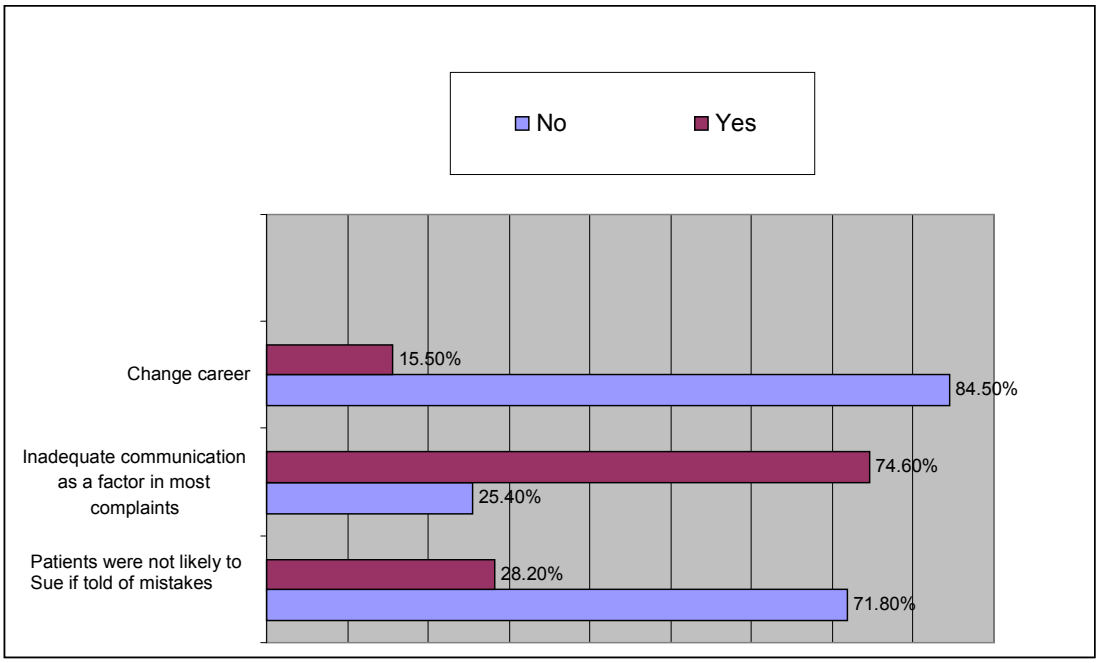

Figure 1: *Physicians' realization of litigation risk.*

Discussion

Most obstetricians would, at some point in their career, have to address a complaint filed by a patient about their clinical performance, which may be followed by litigation. According to the annual report of the legal medical organization in the Kingdom of Saudi Arabia in 1429H (2008), there are 3210 obstetricians and gynecologists working in the Kingdom, and nearly 121 of them (38%) were exposed to medico-legal litigations and sued. All of participants either had settled claims or tried claims, and faced financial compensations that varied between 50,000 to 1,000,000 Saudi riyals[6].

Obstetrics patients are mostly healthy young women with high expectations for a good pregnancy outcome. However, all obstetrics patients undergoing any intervention should be given appropriate information on the nature and purpose of those interventions, the benefits and risks and the consent process must comply with the hospital's consent policy[7].

The socio-demographic results demonstrate a high ratio of female obstetricians (62%) in comparison to male counterparts (38%). This could be explained by female preference of this specialty in Saudi Arabia in the last few years[6]. More than half of the participating female obstetricians (52%) graduated from the Kingdom of Saudi Arabia, 47% of them were residents with about 10 years of experience. All the participating obstetricians had insurance coverage, which is mandatory for obtaining a license from the Saudi Commission for Health Specialties. Lawsuits have been more

prevalent in the United States. A pilot survey study reported that 80-90% of obstetricians had experienced complaints or lawsuits among those approximately one third settled without payment; one third agreed to pay settlements; and the remaining one third proceeded to trial[8,9]. In this study, 45% of the participating obstetricians (mostly specialists) were exposed to a legal medical organization and 31% to the Supreme Court. Between 2001 and 2007, the National Health Service Litigation Authority in England received 569 obstetric claims and the total amount paid was 1592 million pounds[10]. Nearly 59% of the obstetricians in this study experienced a financial claim and compensation to the patients, while 40% experienced settlement without pay either because the claims were dropped, dismissed or withdrawn.

The liability concerns have a negative impact on both job satisfaction and recruitment to the specialty[11,12]. In this study, 15% of the obstetricians thought of changing their career as fear of litigation has become an increasingly common issue. This is serious concern in this modern era of economical crisis and escalating level of competition in the medical field. There is a stress in the answers regarding interaction with 77% of participating obstetricians, believing that inadequate communication was a substantial factor in the majority of complaints, yet 71% believed that patients were more likely to sue in case of disclosure of negligence or malpractice issues. The common cause of claims in obstetrics is birth asphyxia as agreed by most of the participating obstetricians, and a common source of this claim is the failure to diagnose or misinterpretation of Cardiotocography (CTG). Accordingly, these late diagnoses led to late cesarean section and avoidable birth trauma or birth injuries in most cases[13,14].

Psychological morbidity in female obstetricians was significantly higher than in male obstetricians. This may be in part due to the increased number of female participants, and partly due to sentimental and emotional encounter of women with such work in this specialty. In reviewing published literature, Charles et al. showed that 39% of sued physicians in Chicago had symptoms suggestive of major depression; 20% of them had a symptom cluster thought to be suggestive of an adjustment disorder, this included anger, frustration, insomnia, irritability and headache[15,16]. There was a significant difference in this study between Saudi and non Saudi physicians, regarding the morbid conditions, where Saudis were more exposed to depression, insomnia and family problems, and this may be in part due to the increased number of female participants with a considerable difference in the cultural background and fear of society and fear of litigation.

Finally, this study has some limitations, and the results should be interpreted with appropriate caution. First the study sample is small as it involves only obstetricians from Al Madinah province, and this gives us only one aspect of the problem, further research involving the kingdom of Saudi Arabia is needed. Second the study did not include any analysis for litigation difference between public and private sectors as the number of participants were small.

Conclusions

The swift transition from a low-risk to a high-risk situation is a common scenario in obstetrics. Medico-legal claims in obstetrics are greater than any other specialty. Attention to safety issues and effective risk management system should help to reduce medico legal claims in obstetrics. Communication plays an important role in improving patient satisfaction, preventing medical disputes and increasing treatment effectiveness. To keep obstetrics practice variation at a minimum level and to reduce medical uncertainty, the best practice guidelines can be the first step to develop support and security for obstetricians in their decision making, to avoid further increase in malpractice fear.

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